



COMMUNITY  
FOUNDATION  
*of the* OZARKS

P.O. Box 8960  
Springfield, MO 65806  
417-864-6199

**DIVAS Giving Circle Fund – Helping Women Help Women**

Agency \_\_\_\_\_ Date \_\_\_\_\_

Contact person \_\_\_\_\_ Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Is your organization a 501(c)3 nonprofit organization, church, school or municipality?

- YES
  - If available, please provide your EIN number \_\_\_\_\_
- NO

**Please answer the following on a separate sheet of paper.**

1. Briefly describe your project and how this grant would be used?
2. Who will benefit most from this project?
3. Describe the budget for this project, indicating expenses by category and income by sources.
4. Describe plans for publicizing this award if approved.
5. Add any other information you feel is pertinent.

Signature of Board President \_\_\_\_\_

**Please include a list of your board members and a copy of your 501 (c)(3).**

Send completed application to: Joy Beamer, Moderator for DIVAS  
PO Box 770  
Buffalo, MO 65622